

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric P Bishop

Signature of Treasurer

Eric P Bishop

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 10 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">97377.57</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">97377.57</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">15877.17</span>	<span style="border: 1px solid black; padding: 2px;">15877.17</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">113254.74</span>	<span style="border: 1px solid black; padding: 2px;">113254.74</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">69773.90</span>	<span style="border: 1px solid black; padding: 2px;">69773.90</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">43480.84</span>	<span style="border: 1px solid black; padding: 2px;">43480.84</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8391.29	8391.29
(ii) Unitemized .....	7211.98	7211.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15603.27	15603.27
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15603.27	15603.27
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	273.90	273.90
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15877.17	15877.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15877.17	15877.17

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	273.90	273.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	273.90	273.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	69500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	69773.90	69773.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69773.90	69773.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15603.27	15603.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15603.27	15603.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	273.90	273.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	273.90	273.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Alexander Alan Turfe**Mailing Address 300 2nd Avenue  
Apt. #2141

City Waltham State MA Zip Code 02451-1102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2949.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 02 / 2016**Transaction ID : A5F389AB472814D728C0**

Amount of Each Receipt this Period

2949.56

Payroll Deduction: \$2949.56/

Full Name (Last, First, Middle Initial)

**B. Douglas G Kott**Mailing Address Headquarters  
920 Winter Street

City Waltham State MA Zip Code 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2016**Transaction ID : A023488A8A9434AD88CA**

Amount of Each Receipt this Period

576.90

Payroll Deduction: \$192.30/

Full Name (Last, First, Middle Initial)

**C. Robert Charles Sepucha**Mailing Address Headquarters  
920 Winter Street

City Waltham State MA Zip Code 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2016**Transaction ID : A474EA69F42844A7480F**

Amount of Each Receipt this Period

576.93

Payroll Deduction: \$192.31/

**SUBTOTAL** of Receipts This Page (optional)..... ►

4103.39

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Brian Silva**

Mailing Address 6 Nelson Circle

City	State	Zip Code
Bedford	MA	01730-1096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Human Resources &amp; Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

**Transaction ID : AE746020903144DE4860**

Amount of Each Receipt this Period

576.93

Payroll Deduction: \$192.31/

Full Name (Last, First, Middle Initial)

**B. Deborah A Harvey**

Mailing Address 1940 Lodge Road

City	State	Zip Code
Kennesaw	GA	30144-7520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

**Transaction ID : AFB886B8730914BA8B6B**

Amount of Each Receipt this Period

450.00

Payroll Deduction: \$150.00/

Full Name (Last, First, Middle Initial)

**C. Lisa Dombro**

Mailing Address 927 Prairie Ave

City	State	Zip Code
Park Ridge	IL	60068-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

**Transaction ID : AF304A69BDF1145EE934**

Amount of Each Receipt this Period

576.93

Payroll Deduction: \$192.31/

**SUBTOTAL** of Receipts This Page (optional)..... ►

1603.86

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Patrick L McCarthy**

Mailing Address 82 Belcher Drive

City	State	Zip Code
Sudbury	MA	01776-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales &amp; Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

Transaction ID : AC0EF02AF36574BE3B79

Amount of Each Receipt this Period

360.00

Payroll Deduction: \$120.00/

Full Name (Last, First, Middle Initial)

**B. Donna J McCarthy**Mailing Address 5251 DTC Parkway  
One DTC Suite 500

City	State	Zip Code
Greenwood Village	CO	80111-2799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

Transaction ID : A7BF3A4BA52144642A9C

Amount of Each Receipt this Period

346.14

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

**C. Kimberly Lynn Sonnen**Mailing Address 5251 DTC Parkway  
One DTC Suite 500

City	State	Zip Code
Greenwood Village	CO	80111-2799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing &amp; Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

Transaction ID : A2870A32464554A7F998

Amount of Each Receipt this Period

390.00

Payroll Deduction: \$130.00/

SUBTOTAL of Receipts This Page (optional)..... ►

1096.14

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Nicholas R Brownlee**

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

01 / 30 / 2016

**Transaction ID : ADCDFB6AAAA484A92B6**

Amount of Each Receipt this Period

576.90

Payroll Deduction: \$192.30/

Full Name (Last, First, Middle Initial)

**B. Terry L Ketchersid**

Mailing Address 2751 North Main St.

City

Danville

State

VA

Zip Code

24540-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 30 / 2016

**Transaction ID : A34F340441840486CB33**

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$100.00/

Full Name (Last, First, Middle Initial)

**C. William McKinney**

Mailing Address 3711 South Mopac Expsy

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, Fresenius Health Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

01 / 30 / 2016

**Transaction ID : A9CDA31A20799400796A**

Amount of Each Receipt this Period

210.00

Payroll Deduction: \$70.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1086.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Hymes**

Mailing Address 120 Belle Mead Blvd

City

Nashville

State

TN

Zip Code

37205-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2016

**Transaction ID : A0D4EB598E3584D22B57**

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$100.00/

Full Name (Last, First, Middle Initial)

**B. Liam J Walsh**

Mailing Address Headquarters  
920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2016

**Transaction ID : A0E4CE14868D94C5BBCE**

Amount of Each Receipt this Period

201.00

Payroll Deduction: \$67.00/

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

501.00

8391.29

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Fresenius Medical Care North America**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.90

Date of Receipt

01 / 14 / 2016

Transaction ID : A0F9964235E7C4F9A8AA

Amount of Each Receipt this Period

273.90

Reimbursement of January Bank Fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

273.90

273.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Global Payments**

Mailing Address 10705 Red Run Blvd

City Owings Mills      State MD      Zip Code 21117-5134

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 05 / 2016
**Transaction ID : B5CA3187AB60A4B31B9E**

Amount of Each Disbursement this Period

273.90

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

273.90

273.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Castro For Congress**

Mailing Address PO Box 544

City	State	Zip Code
San Antonio	TX	78292

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Joaquin Castro**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

**Transaction ID : BE785734CB0B147E5AA2**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Katherine Clark For Congress**

Mailing Address PO Box 361

City	State	Zip Code
Malden	MA	02148

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Katherine M. Clark**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

**Transaction ID : BB92D8C2480164C63BE3**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Volunteers For Shimkus**Mailing Address 499 South Capitol Street, SW  
Ste 420

City	State	Zip Code
Washington	DC	20003-4027

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. John M. Shimkus**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

**Transaction ID : BCA38425FC2CC4AD9814**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Cmte**

Mailing Address 120 Maryland Avenue, NE

City Washington	State DC	Zip Code 20002-5610
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Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

**Transaction ID : B0597250EF5264EFE87C**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**B. Castro For Congress**

Mailing Address PO Box 544

City San Antonio	State TX	Zip Code 78292
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Purpose of Disbursement  
VOID - 11/17/15 Direct Contribution

Candidate Name

**Rep. Joaquin Castro**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 20

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

**Transaction ID : B977C152008CA4DE9B67**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Cmte**

Mailing Address 430 S Capitol St SE

City Washington	State DC	Zip Code 20003-4024
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Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

**Transaction ID : B40453835AE0A41EFBA0**

Amount of Each Disbursement this Period

15000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

Mailing Address 425 Second Street, NE

City	State	Zip Code
Washington	DC	20002-4914

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type**Transaction ID : B5AAC800742A1462799C**

Amount of Each Disbursement this Period

15000.00
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2016

Full Name (Last, First, Middle Initial)

**B. George Holding For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

Mailing Address PO Box 97187

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. George E.B. Holding**Category/  
Type**Transaction ID : BA9980BD0FEE448E88C7**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 13

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type**Transaction ID : BEA897F5E2A8F46F2BBC**

Amount of Each Disbursement this Period

15000.00
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2016

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31000.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

Fresenius Medical Care North America PAC

The three 3x3 grids are as follows:

M		M

01

D		D

09

Y		Y		Y		Y

2016

-1000.00

M M / D D / Y Y Y Y  
01 11 2016

2500.00

Three digital displays are shown, each with a number and small squares above it. The first display shows '01' with two squares above it. The second display shows '27' with two squares above it. The third display shows '2016' with four squares above it.

5000.00

6500.00

69500.00